PERSONAL INFORMATION DATE THIS FORM WAS LAST UPDATED: Name: Address: Date of Birth: Phone Number: Primary Language: Identifying Marks: Male / Female Dentures: Weight: Height: Eye Color: Hair Color: Religion: Ethnicity: **Emergency Contact 1:** Phone: Relationship: **Emergency Contact 2:** Phone: Relationship: Primary Physician: Address: Phone: Pharmacy: Phone: Address: Preferred Hospital: Phone: Address: **Hospice Contact:** Address: Phone: Medical Insurance Policy: Do Not Resuscitate (DNR) Location:

Vial of Life



Document Produced by: WVC Public Relations Department Neighborhood Services Office 3600 South Constitution Boulevard West Valley City, UT 84119 (801) 963-3285 www.wvc-ut.gov/neighborhoods

Vial of Life



Vial of Life Program

3600 S Constitution Blvd West Valley City, Utah (801) 963-3336



Why should I participate in the program?

- It will provide information you may not be able to provide 911 responders during an emergency.
- It is an easy and safe way to share information with those who may need it in an emergency situation.
- The **Vial of Life** program could save your life!





MEDICAL I	HISTORY		
Alzheimer's	Angina		
Asthma	Cancer Type:		
Congestive Heart Failure / COPD	Dementia		
Diabetes	Emphysema		
Heart Attack	High Blood Pressure		
Internal Defibrillator	Pacemaker		
Renal Failure	Seizures		
Stroke Related Deficits:			
Other Medical Problems / Co	onditions:		
Infectious Diseases / Hazard			
Surgeries / Procedures and	Date Performed:		
Other Information:			

How do I participate in the program?

- 1. Obtain a FREE **Vial of Life** packet.
- 2. Complete an information sheet for EACH person living in your house.
- 3. Attach a CURRENT photo of the person on their sheet.
- 4. Once completed, roll up these sheets and put them inside the envelope or bottle provided.
- 5. Place the envelope or bottle on a shelf in the refrigerator door.
- 6. Place the magnet on the **upper right corner** on the outside refrigerator door.
- 7. Update the information sheet(s) as often as necessary.

Please ONLY USE information sheets, envelopes, containers, and magnets provided by the City, as these are the materials that emergency responders are trained to identify.

MEDICATION INFORMATION Location(s) where your medications are kept:				
Current Medication Name	Reason for Taking	Dosage	Times Per Day	